

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8-11-07Address: RA Box 282Case #: 35F26769OAKLAND CITY, INCounty: GIBSON**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: GARAGE
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: GARAGE
☒ Hydrochloric Acid Gas Generator(s): GARAGE
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes 2 (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: WARRANT

This report is to be faxed to the following agencies that serve the location:Fire Department: COLUMBIA TWPFax: ON SCENEHealth Department: GIBSON COUNTYFax: 812-396-6007Child Protection Service: MB

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: DAVE HUMPHREY Phone 812-867-2079

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.